U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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E	LE COURT

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11094		2. Fiscal Year Covered From:								
•			1 /	/	1 ,	/ 2	004	Through:	12 / 31	/ 2004
3. Name and address of person filing.		4. Name,	file nu	umbe	er, an	bbs br	less of	labor orga	anization.	
Name _{KEVIN} TANSK	I	Name	TEA	MST	'ERS	Loc	AL UN	ION 40	7	
		Labor	Organi	izatio	on File	e Nur	nber	011-109	•	
P.O. Box, Bldg., Room No., if any 204		P.O. B	ox, Bu	ildin	g and	d Roci	m Num	ber, if any	204	
Street 3701 BOSWORTH ROAD		Street	370	1 B	OSW	ORTH	ROAL)		
City CLEVELAND		City	CLEV	VEL.	AND					
State Ohio ZII	P Code + 4 44111	State	Ohi	0					ZIP Code + 4	44111
5. Position in labor organization. TRUSTEE										

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

		derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including	trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
		7.b. Amount.
Street		
City		
State	ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed g. for touchs

On 8-/2-05 2/6-66/-/830
Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with Name FAULKNER, MUSKOVITZ, & PHILLIPS, LLP X a. Labor Organ zat on Trade Name, if any: b. Trust P.O. Box, Bidg., Room No., if any NINTH FLCOR c. Employer Street 820 WEST SUPERIOR AVENUE CLEVELAND City State Ohio ZIP Code + 4 44113 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. COUNSELORS OF LAW 'C TEAMSTERS LOCAL INION 407. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. RECEIVED CHRISTMAS GIFT OF PERISHABLE GOODS. ZIP Code + 4 State

 Name and address of Employer or (including trade name, if any). 	Labor Relat ons Consultant	14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Busir ess an Employer	or Consultant ?	14.b. Amount of payment.

12.b. Amount.

\$55